CLASS CODE: 5351 STATE OF ARKANSAS APPLICATION FOR WHOLESALERS, MANUFACTURERS, AND TOBACCO PRODUCTS VENDOR REPRESENTATIVES' LICENSE

Tobacco Control Board 101 East Capitol, Suite 204 Little Rock, AR 72201-3826 Phone: (501) 682-9756

EXPIRES JUNE 30th AFTER DATE OF ISSUE

A FEE OF \$25.00 MUST ACCOMPANY THIS APPLICATION

Phone: (501	.) 682-9756				
		FOR FISCAL YEAR			
Social Securi	ty Number	-			
Current Permit Number			Date		
	hereby make applicat			ntive's License to sell cigar r approval.	ettes
Name	Home Address				
		Home Address Street and/or Post Office Box			
	Town/City		State & Zip	, ()	
Age:				, Hair Color:	
Employed by	,		Mailing Address		
		,		,() Business Phone	
	Town/City		State & Zip	Business Phone	
In what par	rt of the State do you ex	spect to represent your	employer?		
knowledge an et seq., the "A minors with the pursuant ther	nd belief and that they will a Arkansas Tobacco Products tobacco products and cigare	faithfully comply with the Tax Act," A.C.A. § 26-5' ettes and the placement of	provisions of the "Unfair C 7-201 et seq., and A.C.A. § tobacco vending machines	is true and correct to the best of figarette Sales Act," A.C.A. § 4-7 5-27-227, controlling the provise, all rules and regulations promule made to unlicensed retailers a	5-701 ion of lgated
			I	DATE STAMP	
	Representative's Signa	ture			

THIS FORM MUST BE FILLED OUT IN DETAIL, ALL QUESTIONS ANSWERED, SIGNATURES IN PLACE AND ACCOMPANIED WITH A \$25.00 FEE, BEFORE THE APPLICATION WILL BE PROCESSED.

Wholesaler, Manufacturer or Vendor's Signature